



Caregiver

RESOURCE GUIDE

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MESSAGE FROM THE *Director*

The Frederick County Department of Aging is pleased to share this caregiver resource directory with you, and we hope that you will take the opportunity to acquaint yourself with the services offered to caregivers, older adults and their families in this County. This directory was created in response to your needs. Within its pages, you will find information and guidance from community and regional professionals, and I want to thank them for sharing their expertise.

When the Older Americans Act was reauthorized in 2000, it included funding for the National Family Caregiver Support Program. The Frederick County Department of Aging uses these federal funds to offer respite grants and support groups; literature to educate and inform citizens about the availability of resources; and provides a case manager who coordinates services and refers caregivers to other programs that will assist the caregiver and family members.

The Frederick County Department of Aging will continue to develop and administer programs and services that support Frederick County older adults in their efforts to remain healthy, active and independent members of the community and will provide, coordinate and advocate for services which promote dignity and enrichment for all older adults, their families and caregivers. The Department of Aging is the primary resource for information about and access to services that address the needs of senior citizens and their families. We work closely with many volunteers, community agencies and private organizations to maximize service potential, avoid duplication of services and collaborate on special projects and events.

The job of a caregiver is not an easy one. It may be filled with challenges and obstacles, but it can also be filled with wonderful experiences and a rewarding sense of accomplishment. Our focus is to help the caregiver through the ups and downs and to offer assistance when appropriate. Whether you planned to be a caregiver or needed to take on the role due to life circumstances, we hope you will use this resource guide as one of many tools in your toolbox.

Remember, take care of yourself first. You will be in a better position to care for others.

Sincerely,

Carolyn B. True
Director

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*—Candy Bischoff,
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*—Kathryn Ann McKenzie,
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–Former First Lady
Roslyn Carter

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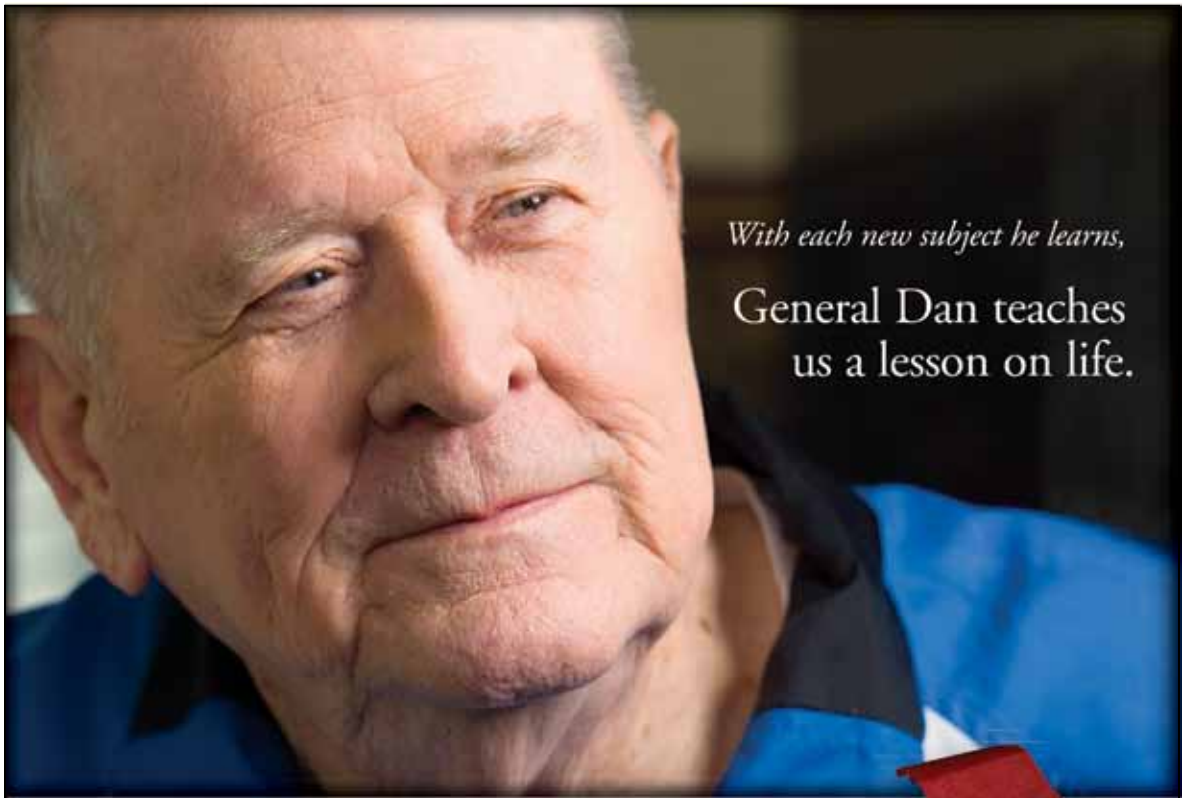
**FREDERICK COUNTY
DEPARTMENT OF AGING**

Mission Statement



The mission of the Department of Aging is to develop and administer programs and activities that support Frederick County older adults in their efforts to remain healthy, active, and independent members of the community, and to provide, coordinate and advocate for services which promote the dignity and enrichment of life for all seniors, their families and caregivers.

The Frederick County Department of Aging expresses their gratitude to Howard County Office on Aging and Baltimore County Department of Aging for contributing content to this guide. The thoughts expressed by the authors of the articles presented do not necessarily reflect the position of the Department of Aging.



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A New Role in Life

BY JOYCE WENDT, *Caregiver to Spouse*

The hardest part of caregiving from the beginning to now, the end stage of Bill's disease, is facing reality, confining hope to "a better day today," a moment of happiness, a tranquil time together.

Reality led me to seek flexibility in the fact of constant change, to utilize compassion to understand my husband, to forgive us both, to love him fully and to hate what his disease can do to him. Reality means willingness to get through the day and then the next one, to share humor on any level, and to live in the "now" while developing a plan for the future—which may be the wrong one.

Learning about the disease, the illness, gave it face and form enabling me to utilize coping techniques: I sought help from the Alzheimer's Association; talked endlessly with the Department of Aging specialists, requested and received home visits from social workers, read books, *The 36 Hour Day* in particular. Further knowledge led to more questions and sometimes answers.

I watch Bill handle his life with grace, albeit there have been violence, emotional melt-downs and helpless tears. I respect his personal dignity and his soul; I have come to respect my own efforts. Reality is using common sense and recognizing threatening situations; spending money when necessary; sharing with family and friends and accepting offered help.

I strive to keep our lives on an even keel, to promote a patient and peaceful atmosphere. When this vaunted reality becomes too awful I go ahead and cry, pound on a chair, walk my legs off, go to a regular exercise class. I enrolled Bill in daycare—a success.

Bill's brain disease precludes recovery; that is my reality, though I have to remind myself this is so. Frequent hugs generate more warmth than I could have imagined and handholding bridges growing gaps. This is my once in a lifetime intimate experience in caregiving.

"Learning about the disease, the illness, gave it face and form enabling me to utilize coping techniques"

CAREGIVING AND YOU

BY MARGARET E. STAHLER, RN-BC

As young adults most persons have dreams for their futures—family life, careers, travel, etc. Few of us ever envision being a caregiver for an elderly or ill parent, spouse or other relative. You may find yourself caring for a loved one with an acute illness or a chronic progressive one. It is important to remember that you are not alone—about one fourth of adults are caregivers.

Caregiving responsibilities vary from occasionally running errands or visiting someone in a facility to twenty-four hours a day live-in support. You may wonder how you can ever do everything necessary! You must take care of yourself in order to live, rather than just exist.

At first, you may experience feelings of surprise, denial, confusion and sadness. As time passes, you may feel increasing frustration, guilt, resentment, anger and anxiety. Finally you may experience depression, irritability, loneliness and regrets. No one has all of these feelings, but at some time, you will probably feel so overwhelmed by taking care of your loved one that you will neglect your own physical, mental, and emotional well-being.

Pay attention to yourself. You are probably going through some grieving. There has been a change in your relationship and role with your loved one. Think about what is really overwhelming you.

Ask for help. Requesting help may be difficult for you. Spend time exploring why it is hard—it does not mean that you have failed or are not good enough! It only means that the job is simply not meant for one person. Make lists of jobs that others can do to help: small jobs, medium jobs and large jobs. When someone asks what can be done to help, show the person the lists and let them choose.

Take time for yourself. You will need to learn to say “no” so that you can live within the limitations imposed by your caregiving. Take time for yourself and establish limits for

visitors if you must. You may need to arrange for respite care. Use family and friends who are able to sit with your loved one or hire someone regularly so that you can leave for a period of time.

Maintain your friendships. Arrange for an uninterrupted visit with a favorite relative or friend. Do something with them that you really enjoy. Choose someone who will listen to your problems and concerns without judging you.

Join a support group. Sharing with others who are going through similar kinds of things can help you feel better. If you are feeling overwhelmed by the stress of caregiving you may want to consider talking to a counselor or other health care provider.

Exercise regularly. This is one of the best ways to relieve stress. Walk, swim or ride a bike. You may want to try just stretching for fifteen minutes each day.

Pay attention to your nutrition and fluid intake. Eat regular, healthy meals. Being hungry can make your negative feelings much worse. Drink plenty of fluids and eat a comfort food when you need to. Don't use alcohol to relieve your stress since doing so will likely cause more problems.

Keep a journal. Write down the last time you nurtured yourself. What did you do? How did you feel before and afterwards? Be sure you have regular entries and reread them to remind yourself about your self-care.

Seek spiritual support and practices. If you've been a member of a faith community, plan to continue that connection and talk to the leader of that group. You may want to practice deep breathing and meditation. Think of a positive statement such as, “I am relaxed and calm.” Repeat this to yourself for five to fifteen minutes.

See your physician regularly. Your physical health must be maintained in order for you to take care of your loved one.

Get adequate rest and sleep. When you are tired or sleepy, you may become more irritable and less capable of caring for your loved one.

Remember that the better you care for yourself, the more you will have to give to your loved one. Keep your sense of humor and learn from your mistakes. Focus on what you have done well and realize that you need an occasional break from your responsibilities.

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Conflict and Caregiving

BY EDWINA STEWART, LCSW-C

When we think of caring for someone, especially for an older parent or spouse, we often envision this loving relationship, which is wonderful, caring and nurturing. The person who is being cared for will be extremely appreciative, and the rest of the family will of course be cooperative and supportive to the caregiver. And sometimes that happens. But more often than not, besides having the burden of caring for someone, we also have other issues related to conflict and disagreements.

CONFLICT BETWEEN THE PERSON CARED FOR AND THE CAREGIVER

Let's look first at conflict between the caregiver and the person cared for. Sometimes there have always been problems in the relationship. The trick is to not expect caring for someone to be the time when healing of relationships will take place. Many people have this idea that if their mother, father or spouse has never loved them, this is the time when this will change. There may be healing of the relationship, but it will be more in the fact that the caregiver realizes the other person will never change and comes to some acceptance of that. To expect the other person to change because we are caring for them is an exercise in futility. We must learn to give care with no expectations, not an easy thing to do.

Other times because of the disease process itself, the person cared for becomes argumentative and difficult to deal with. It may be because of changes in the brain itself due to dementia or other diseases that affect the thinking process. It may be because the person is dealing with loss of physical abilities, independence, or life itself. It may

be because of pain or constant discomfort. All of these factors affect what the person is feeling and how he/she is responding to your care. Often we take out our frustrations and feelings on those we care about the most. This can happen with those who are receiving care. Remember every time we give care, we are reminding someone that they need it, and if that thought is difficult for them, our care can be an unpleasant reminder.

How do we handle all this? First we learn to accept the person where they are. We try to understand what they are feeling, and how they are perceiving things. Often, when we change our responses, the responses of the other person change also. Sometimes we learn not to take things personally. And always we learn to take care of ourselves, to nurture ourselves, to find places or people where we can talk about our frustrations and needs, and find support and understanding in our roles as caregivers. This may be a friend, a family member, or a support group. Sometimes we learn from other caregivers things that have worked for them, but mostly we discover that others have the same feelings and experiences that we are having, and so we don't feel so alone. We learn to let go of the guilt we sometime feel when these conflicts arise.

CONFLICTS IN THE FAMILY

Sometimes in the caregiving situation, there is little or no difficulty between the person and the caregiver, but there are multiple issues related to how different members of the family are responding to the person and the caregiver. Often there is one person who does much of the care and others who either walk away or sit on the sidelines and critique the work. Sometimes



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there are many people who want to help but everyone has their own idea of what is needed. Again the idealized view that everyone will come together and agree doesn't usually happen, especially if they have not worked together cooperatively in the past. That doesn't mean it is hopeless, just that it is difficult. Working with older people is often like working with adolescents. Because the person has reached a new stage of life and is changing, families find it difficult to deal with this. They want to go back to the way it was before the person changed. Just as you have to come to some acceptance of what is happening with the person you are caring for, so do other family members. It may take them longer to see the changes, and to deal with them, especially if they only see the person for a short period of time. Sometimes they bring their own history into the situation. (e.g. They have always been jealous of the caregiver, and that factors into the dynamics.) Some never come to terms with what is happening and here also you must come to some acceptance of what they will be able to do and not do. Again, bringing these issues to a friend or support group helps to sort out what is yours and what is not. If the situation is very difficult, you might want to schedule a family meeting with a therapist or other counselor present to help deal with the difficult issues.

Always remember, when there is conflict and disagreement, whether with those we care for, or family members, we must sort out what is ours to change, and what cannot be changed. Trying to get others to do things the way we think they should doesn't usually work. Caregiving is a difficult task, but always you will learn that there is process going on, both for the person who needs care, and for the family. If you can acknowledge that, then you can see the skills you are learning, and gifts you are being given, even in the midst of very difficult situations.

Mental Health Information for Caregivers

BY LINDA MYERS, *Telephone Reassurance Program Coordinator,
Mental Health Association of Frederick County*

Caregivers are faced with many responsibilities, any of which can be made more difficult if the person they care for has developed a mental illness. Mental illnesses are brain based disorders which affect how a person feels about herself, others and life in general. The good news is that they are very treatable. The first step is to recognize the symptoms and to seek the appropriate intervention to help the individual.

Mental illness can happen to anyone at any time in his or her life. The most common mental health conditions among the elderly are anxiety disorder and depression. While mental illness in late life is not normal and should not be accepted as a normal part of aging, it is also true that the changes and losses of later life often bring significant stress which can lead to mental illness. We may not notice the sometimes subtle signals of these illnesses or we may attribute them to a physical condition or "old age." Often symptoms are mild and go undetected and untreated, all the while diminishing a person's quality of life. As many as 1 in 5 elderly persons living in the community suffers from a mental illness.

Certain life events, while not the cause of mental illnesses, may contribute to the onset of certain illnesses such as depression or anxiety. Common contributors in later life may include:

- Loss of a loved one
- Change in health status
- Onset of pain or disability
- Hearing or vision loss
- Change in financial status
- Change in lifestyle or living arrangements

- Threats to independence
- Loss of social supports
- Loss of self-esteem
- Excessive use of medications or alcohol.

Physical illnesses that are common in later life including heart disease, stroke, diabetes, cancer, arthritis and dementia can adversely affect mental health, as well. When several of these events happen simultaneously or consecutively, the resulting stress may exceed an individual's coping ability.

Mental illnesses are more easily treated if they are identified early. Individuals should be assessed by a health professional after a loss, a major life change, trauma or a period of prolonged stress since these events may trigger a mental illness.

As mentioned above, anxiety and depression are the most common mental illnesses among the elderly. Persons with anxiety disorder may spend the day tense and worried even though there is little or nothing to provoke such concern. They may understand that their reactions are not logical, but they cannot control them. Symptoms include worry, anticipation of disaster, feeling overwhelmed by routine tasks, and difficulty relaxing, concentrating and falling or staying asleep.

Physical symptoms of anxiety disorder include muscle tension, trembling, irritability, sweating, hot flashes, light-headedness, shortness of breath, nausea, fatigue and headaches. Panic disorder, a type of anxiety disorder, can mimic a heart attack.

Depression also occurs frequently among the elderly. It is a common and

serious disorder of mood that involves both the mind and the body. It affects how a person feels about herself, others and all aspects of life. If a person experiences the symptoms of depression for two weeks or more, seek professional help. These symptoms may include withdrawal from previously enjoyed people and activities, mood swings, complaints of pain unrelated to a physical ailment and changes in appetite and sleep patterns. Other symptoms may include changes in attitudes and behaviors, negative thinking and excessive worry. Loss of motivation, short temper, agitation, and problems with memory, judgment and thinking may all signal depression, as well.

Caregivers who are familiar with the symptoms of anxiety and depression can help their loved ones by taking note when these symptoms occur. Regular physical check ups should include questions about the patient's mental health as well as their physical health. If the doctor does not ask, it is important for the caregiver to prompt him or her by stating concerns about conditions or behaviors that may indicate a mental health problem.

Mental illness can affect the way a person communicates. A person with depression may be apathetic and incapable of showing strong preferences when asked to make a choice—a frustrating situation for a caregiver trying to provide pleasing meals, select a television program or schedule an outing.

Persons with anxiety may be so focused on their worry that they cannot concentrate on conversations or make decisions about anything. When trying to complete a task on a schedule a caregiver may become angry at her loved one's lack of cooperation even though the loved one is powerless to change her behavior. It is easy to see how this situation could escalate to conflict.

A person with mental illness typically is behaving in ways governed by the symptoms of his illness. If one's normally decisive mother, who now suffers from depression, can not choose between the red dress and the blue dress, she is likely exhibiting the



symptoms of her illness and not trying to delay her daughter in getting her to a doctor's appointment.

Use a calm, non-threatening approach to communicate with an individual with mental illness. Avoid arguments. Explain what you need from them and ask them to cooperate. Reduce environmental distractions. For example, turn off the television, turn down bright lights or wait until a fire engine with blaring sirens is out of earshot.

Respect the person and their illness, which may make them less able to do things we take for granted such as getting dressed or running errands. Validate their feelings with statements like "It sounds like you are really sad today." This lets the person know you recognize their suffering without fueling their symptoms. They may be more able to engage in conversation or do what you ask of them if they believe you understand them. Finally, think about who is distressed by the individual's behavior. It probably doesn't matter if Mom wears the red dress or the blue dress, so why try to force her to choose?

People with mental illnesses experience a decreased quality of life and may have a harder time dealing with the effects of their physical illnesses because of it. For those in prolonged mental and physical pain, suicide may seem the only option. Although seniors represent only 12.6% of the population, they represent a disproportionate 15.6% of all suicides.

Seniors are successful in completing suicide once in every four attempts as compared to 1 in 100 to 200 attempts among youth 15 to 24 years of age.

CAREGIVER TIPS: Tips for getting help

Firearms are the most common means of self-harm by senior citizens. White men over 85 years of age are especially vulnerable, completing 54 suicides for every 100,000. In the general population that rate is less than 11 per 100,000. These numbers do not include passive suicides in which a person chooses not to eat, take medications or engage in other self-care required to sustain his or her life.

If a person talks about suicide, it is important to take them seriously. Do not be afraid to ask if they are thinking of killing themselves or if they have thought about how they will do it. These questions will not give them ideas. They may be relieved that someone else realizes what they are thinking about. Affirmative answers to these questions indicate their seriousness in considering suicide and require intervention.

Resources such as the Frederick County Hotline, which may be reached by dialing 211 or (301) 662-2255 and the Suicide Prevention Lifeline at (800) 273-TALK (8255) are available 24 hours a day, 365 days a year. Such crisis and suicide hotlines can provide guidance on how to help someone who may be suicidal, as well as offering referrals to treatment and intervention options. However, if someone is in imminent danger or is an active threat to him- or herself, calling 911 or taking the person to the nearest emergency room are the best options for faster treatment.

The demands of care giving are many and may cause undue stress for the caregiver. Care givers are at high risk of developing mental health problems themselves. Feeling overwhelmed or angry, developing new health problems, experiencing fatigue or

- ✓ Recognize that caregiving, like any job, is made up of lots of individual tasks.
- ✓ Recognize that asking for help is a sign of strength and not of weakness.
- ✓ Create a list of the tasks that need to get done in any given week.
- ✓ Group your tasks into categories.
- ✓ Write down your caregiving worries.
- ✓ Share your lists with someone you trust before you actually reach out for help.

insomnia, and losing concentration are all signs of care giver stress.

A care giver can protect herself by developing a self-care plan. Identify stress triggers. These may include multiple responsibilities, lack of control, lack of help from others, fear for the loved one's fate, or fatigue. These may result in mood problems, fights, sleep disruption, substance abuse, overeating or worry, all indicators of high stress levels.

Aim to reduce high stress levels by taking "time outs," asking for

help or support, exercising and eating right, forgiving yourself or others, expressing your concerns, needs or fears or engaging in a hobby. Caring for oneself is the most important job a caregiver can do to ensure that they are available and able to care for a loved one.

The MHA's Telephone Reassurance Program offers daily, scheduled calls to seniors living alone. These calls can provide a social contact the seniors may otherwise lack and an opportunity to discuss their concerns in a private and confidential manner. For individuals living alone, knowing that someone will check on them each day can lessen anxiety. Call (301) 663-0011 for more information about TRP or any Mental Health Association program.

The care giver's difficult job can be made a little easier by learning and recognizing the symptoms of mental health problems in their loved ones and themselves, seeking treatment, learning to communicate when mental illness is present and making use of community resources when extra help is needed.

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100 South Market Street

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301-600-3972



What Support Groups Are All About

BY MINDY LOHMAN-HINZ, *Program Coordinator, Caregiver Program, Frederick County Department of Aging*

Some people are not interested in going to support groups. They say, “I don’t have time for that” or “That’s just not for me.” However, if they knew what went on in them, they might change their mind. Support groups can provide a safe place to get feelings and issues out that people are experiencing. They are a place where caregivers find support from other caregivers and share with them in the daily struggles and joys of their duties.

Caregiving is an exhausting job and many caregivers do not have the energy to face a group of strangers. There is also the additional task of finding someone to care for the loved one who will be left behind while the caregiver attends a group. Some groups offer caregiving for a loved one while the caregiver attends the group meeting. There may also be other options such as having someone come into the home to care for the loved one while they attend their meeting.

There are various types of groups available. They vary according to the day of the week, time of day, and location. Some are specific to a particular disease, while others are more general. Some groups have speakers, some provide a meal while others have a leader, and are more geared toward

To find out more about the various support groups that meet in Frederick County check the local newspapers for listings or contact the Frederick County Department of Aging for a list at 301-600-1605 or deptofaging@frederickcountymd.gov.

time for the caregiver to talk by giving a chance for attendees to speak. Groups should be a safe place for the person to share and not be judged, receive feedback from others, and leave feeling better than when they came in.

People who attend support groups understand what the others in attendance are going through. They provide emotional support to those in the group and can be an on-going connection and reinforcement to those in attendance. A couple of benefits caregivers have given as reasons for attending a support group are to know they are not alone in dealing with various issues while caring for their parent or spouse and learning about community resources that can assist them.

Support groups are not for everyone, but they are definitely worth giving a try. Even if you were to attend one meeting, you may find it may just not be the right group for you. So, I encourage you to try another group that fits with your schedule. They can be very beneficial and provide much needed guidance and support to those who may many times feel they are all alone. Sometimes friendships are formed and occasionally social groups are formed outside of the regular meeting. Resources are shared, experience is shared and new things are learned about yourself, your loved one and the community in which you live.



Every Day is a New Day

BY CHRISTINA MURPHY, *Caregiver*

One day, I came home from work, checked my son's homework and was making dinner. As my husband was walking in the door, I received to phone call.

It was from the Hecht's company in Bethesda, telling me to please come get my mother. The person on the phone told me that she did not remember where she was and did not know where her car was or why she was there. My family and I immediately got in the car and drove the hour drive to go find her. By the time we arrived, she had been sent to a local hospital. We located her car, talked to the person that called us and called her lawyer who had been called while we were in transport. Then went off on another drive. We found her. She had had a diabetes attack and blacked out.

Since that time, our life has been an adventure. We have learned that people are happy to talk to us until they find out we do not have any powers of attorney, medical or otherwise. The frustration was overwhelming. It was hard to accept that these laws were there for her benefit. I met my mother's doctor, and now there is a medical power of attorney in her files. That was a struggle because mom thinks she is perfectly fine and capable of taking care of herself. I had to find a way to tell mom how much I love her and gently request that she allow me to help in some way.

An example is, my mother's ceiling was collapsing due to water damage in her apartment. I called the maintenance people, and they could not do anything for me because I did not have power of attorney. I am blessed that the young lady in the office took my requests seriously, and then called my mom to verify. Her ceiling is getting fixed now.

It has been an uphill battle for over a year. So that you know, there is hope. It opened conversation between us, granted over months,

but now my mom is making arrangements so that I can help. Over time, I have been able to take my mom to appointments, help her with little things in the house, and just visit.

She lives in a retirement community, and I have speed dial to the counselor on the grounds. It has taken me time to adjust to the realization that for my mother, a conversation can be the first conversation she's ever had on a subject, even though we discussed things five

"I am finding small joys and new perspectives every moment"

minutes before. The hardest part was when she realized that she was not remembering conversations. Often now, she will say in a conversation, "Have

we talked about this before?"

It is better now. This summer, my son and I drove an hour once a week to go see Nana. We carried papers and shredded documents and would have lunch together. My son is now getting family stories that he may not have heard if we were not visiting. It takes acceptance and love to do this. My mother appreciates the fact that I will not interfere in her independence, as long as we work together to take care of her basic needs.

I am very blessed and fortunate. We have our family lawyer and the doctors and my mother, working together with us for the benefit of my mother's quality-of-life.

I know I have not relayed every detail of the day-to-day occurrences, but I think it is understood without writing an epic novel. I hope that in sharing this, it can be some help to someone. Aging for all of us is no easy matter. I am finding small joys and new perspectives every moment though. Every day is a new day and I share it with my Mom with love.



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CAREGIVER PROFILE

If you are reading this handbook, chances are you're already a member of the more than 22.4 million households involved in caregiving. If you provide care for another person with a chronic condition that impairs his/her ability to function independently, you are a caregiver. As a caregiver, you may be a relative, friend, neighbor, companion, volunteer, professional (e.g., nurse, social worker, doctor, member of the clergy), church parishioner, or other member of the community providing care to a person at home or in an institutional setting, usually for an extended period of time.

It is difficult to provide an accurate profile of the caregiver because situations can vary so much. One caregiver may provide periodic visits or telephone calls, or arrange for other people to assist in giving required care. Another may provide full-time care for another person and perform a variety of tasks, including shopping, running errands, driving, cleaning, doing laundry, cooking, managing finances, bathing, dressing, securing medical treatment, administering medications, or furnishing hands-on medical care. Sometimes a caregiver will start by providing minimal care to another, and find the care increasing as the person's situation changes.



Developing Support Systems

DEALING WITH CAREGIVER STRESS

Caregiving can be taxing emotionally and physically, and there are so many aspects of it that can cause stress. For this reason, it is essential for caregivers to have support systems to help in stress management, and to enhance the caregiving situation.

STRESSORS

Certainly, it is stressful to be removed from your usual roles and thrust into an unfamiliar care-giving situation. Perhaps you are grieving for the losses you face as a caregiver, including loss of income, vacation, travel or personal time, talks with friends, hobbies, privacy, sex, etc.

It is also important to recognize that when you are caring for someone, changes in the person's physical, mental and emotional status can affect your relationship with him/her, and cause stress. For example, increasing demands from the person you care for are likely to be stressful. Even if the person's behaviors are unintentional, it may be difficult not to view them as offensive or disturbing, and not to take them personally. During the course of providing care, you may feel that the person is deliberately attempting to control you, perhaps by creating feelings of guilt, or using imagined illness to gain sympathy. It is difficult to believe that the illness limits the person's judgment, and that controlling behaviors are beyond his/her capacity.

UNCOMFORTABLE THOUGHTS

As the relationship becomes less manageable, you may experience uncomfortable thoughts and emotions, such as:

- Someone else is in control of my life.
- Nothing I do is enough, and I feel guilty about it.
- I can't do this; I'm not strong enough.
- Don't I have the right to a life, too?
- Everything I do seems to be too much and I am angry and frustrated.
- I'll take care of myself, if there is time at the end of the day.
- I am alone in the world; nobody cares; all the responsibility is on my shoulders.
- I am grieving for the loss of the person I knew.
- This new person, who is not what he/she used to be, embarrasses me.
- I can't cope with my own fears of aging and loss.
- This isn't what I expected at this time of my life.
- There is not enough time in the day to meet everyone's needs.
- I'm overwhelmed and burned out.
- I wish the person would hurry up and die.
- I can't keep this up much longer.
- I should not be having these feelings; I'm ashamed and guilty about it.

MANAGING STRESS

Feelings and thoughts similar to those listed above are normal, and you do not

need to feel guilty about experiencing them. If you view such feelings and thoughts as indicators of stress, you may be able to step back for a moment, assess your situation and find ways to cope better. You owe it to yourself and to the person in your care to manage your stress and your feelings. Think of the airline instruction that is familiar to anyone who flies, "In the event oxygen is needed, put on your own mask before assisting children or others." The meaning behind that instruction is that you'll be unable to help another if you neglect yourself.

Because the responsibility, emotion and stress of caregiving put you at risk of exhaustion and illness, you must continue to perform self-assessment to determine how you're managing. If you develop sadness, crying, appetite and sleep disturbance, irritability, physical problems (especially of the stomach or back), thoughts of wanting to die, or wanting to hurt the one you care for, you may be depressed. Depression, a physical illness, occurs in many caregivers and can limit your ability to help yourself and others. There are excellent treatments including medication and therapy that can help you rebalance and resume healthy caregiving.

On an ongoing basis, you will also need to take appropriate steps to ensure that you are caring for yourself and not becoming exhausted. Caregiver "burnout" is common, and you want to avoid it. Here are some tips that may be helpful:



TIPS FOR SELF-CARE AND STRESS MANAGEMENT

- ✓ Take regular breaks, at least 15 minutes a day.
- ✓ Vent your feelings by talking with someone you trust, e.g., a spouse, friend, member of the clergy or professional. Crying may provide a welcome release.
- ✓ Allow family members and others to care for your loved one, so you can take time for yourself and participate in activities you enjoy.
- ✓ Relax your body through exercise, petting a cat or dog, yoga, gardening, swimming, and snoozing.

1 CAREGIVER SUPPORT



- ✓ Ease your mind by laughing with a friend, at a funny television show, magazine or book, listening to music, dancing, meditating, praying, doodling or drawing.
- ✓ Pamper yourself by having a massage, manicure or pedicure, dinner out, soaking in the tub, enjoying flowers, tea, or aromatic candles.
- ✓ Join or start a support group. Support groups can be found through a number of sources, including other caregivers, local chapters for disease-specific organizations, adult day care, caregiver organizations, local faith organizations, the Office on Aging, and online.
- ✓ Make sure your role is well defined and that communication is clear among all participants in the caregiving circle. Each involved person needs regular reports on the caregiving situation. Computers/telephone calls can make this possible.
- ✓ Use caller ID or an answering machine to screen calls and allow rest periods.
- ✓ Talk about end-of-life decisions with the person you're caring for; get forms completed and posted if they do not want to be resuscitated.
- ✓ Make action plans with achievable goals. Include what you will do, how much, when, and how often.

- ✓ Say "no" to unreasonable demands.
- ✓ Ask for and receive help before the situation spins out of control. Is there any activity you dislike that can be eliminated or performed by someone else? Who else can assist you? What are the pros and cons for each alternative?
- ✓ If you find it necessary to consider outside placement or change the location of the caregiving situation, try to keep guilt feelings under control and focus on the problem-solving aspects.
- ✓ If you have a job, discuss the caregiving situation with your employer. The Family and Medical Leave Act (FMLA) may protect your job during an absence of several months per year. Perhaps your employer will extend you the courtesy of a flexible schedule, job-sharing, or allow you to work at home using phone, fax, and Internet services.
- ✓ Avoid high calorie foods; substitute healthy fruits, vegetables, and calcium-rich protein snacks.
- ✓ If necessary, secure additional help from professional sources. Community agencies

may be able to provide assistance with physical tasks or counseling if you feel overwhelmed by the caregiving situation. You may want to talk with your family doctor, or another health professional about getting counseling.

- ✓ You may want to identify or engage an attorney who can help you and the individual with complex issues, decisions, and other arrangements.

If you reach the point where stress management techniques and counseling are not enough to make the situation manageable for you and your loved one, you may decide that it is time to give up the role of full-time caregiver. It is very difficult to be a full-time caregiver for an extended period of time, and it is also very difficult to give up the caregiver role. As a last resort, you may need to consider other alternatives, including placing your loved one in a nursing home, small group home, or assisted living community. Although making these changes may be extremely difficult, new arrangements may be the right thing to do for your loved one, and for yourself.

PROVIDED BY THE HOWARD COUNTY
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FAQ

Q: Where do I start finding support services?

Contact the Eldercare Locator at 1-800-677-1116 or your local Area Agency on Aging. Frederick County Department of Aging can be accessed at 301-600-1605 or www.frederickcountymd.gov/doa

Q: I'm so busy I do not have time for a support group. Why should I try to find the time to go?

Attending a support group is beneficial because it connects the caregiver to others who may be having similar experiences with the person they are caring for. The caregiver may also learn about resources, programs and tips that can help them and their situation. Support groups can provide a safe place to get feelings and issues out that people are experiencing and provide emotional and/or educational support.

Q: What is respite care?

Respite means “break.” Respite care is a break for the primary caregiver to do something other than care for their loved one. Respite is a time for the caregiver to renew and refresh or tend to their own health needs while someone else provides care to their loved one.

Q: How do I get other family members to assist me with caregiving for our parent?

Asking them for specific help and creating a list of specific tasks can be useful in letting other family members know what is needed. Some times other family members will not be willing or able to assist either physically or financially.

Q: Can I get paid to take care of my loved one?

Unfortunately, there is not a way to get paid to care for your loved one. There are programs that provide respite, however, this is usually a limited amount of money on a short term basis and may not pay the family caregiver directly.





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Adult Day Programs

BY LESLIE SHULTZ, *Director of Operations/Marketing, Daybreak Adult Day Services*

When families are faced with a loved one in declining health due to illness, the aging process, or medical needs, they often are not prepared for what is needed to be able to provide the care on a full-time basis. An ideal option for families that want to and are able to keep their parent, spouse, adult child, or relative is an adult day program.

Adult day programs are regulated through the MD Department of Health and Mental Hygiene, Office of Healthcare Quality. They provide a safe environment comprising activities/socialization, exercise, nutritious meals/snacks, medication administration, nursing services, and transportation, to name a few. These services can greatly improve the quality of life for many older adults through stimulation of mind, body and spirit through a variety of programming opportunities. Often times, older adults can become isolated, unsafe alone in their home environment, not receive adequate nutrition, mistakes taking medication, and not being as active as they could be. The medical adult day program offers the medical services of a registered nurse for medical needs such as diabetes, blood pressure issues, medication administration to name a few. The registered nurse, therapeutic activity professional, and social worker together develop an individual care plan to enhance the quality of services and to help each participant reach maximum potential. Staffing ratio of 1:7 with certified nursing assistants, therapeutic activity professionals as well as the Registered Nurse provide care to participants in adult day centers.

Adult day programs are designed to allow people to remain in their homes. Hours can vary from center to center, 7:30 until 5:00 Monday through Friday is standard. The hours are generally conducive to providing a much needed break for a caregiver or to allow caregivers to continue to work outside the home. While adult



day programs provide an excellent service for a loved one; the service a full-time caregiver receives is of equal importance. Children, spouses, siblings, grandchildren are examples of those that may find themselves providing care to an elderly family member and their health and well-being can be jeopardized without the respite provided by an adult day program. For many families it can be the perfect solution.

There are many services that generally accompany an adult day setting to enhance services to participants and their families. Physical therapy, occupational therapy, speech therapy, beauty/barber shop, podiatry services, and transportation to and from doctor appointments are services available to help minimize the time it might take caregiver to get to and from these different places.

The costs associated with Adult day programs vary from program to program. Most are substantially less than 24-hour care such as Assisted Living or Nursing Homes and even in home care services. Daybreak Adult Services in Frederick is a non-profit and operates under a sliding scale based upon monthly income and do not turn anyone away for the inability to pay, VA benefits, Medical Assistance, and Frederick Dept. of Social Services, and assistance from the local Department of Aging are some other funding sources.

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FAQ

Q: What is the difference between an adult day center and a senior center?

Both adult day centers and senior centers provide recreation. An adult medical day center also provides medical monitoring by a licensed nurse, help with basic activities of daily living and services for caregivers. Senior centers offer many services, classes and health and fitness opportunities. Usually, persons attending senior centers are able to get around independently and take advantage of the many opportunities available there. If an older person needs a fair amount of assistance, monitoring due to memory problems or someone to give him or her medications during the day, an adult medical day center is the better choice.

Q: How do I know when my parent needs an adult day center?

If an older person needs some supervision during the day or help taking medications properly because of a memory problem, an adult medical day center may be the right choice. If your parent is recovering from major surgery or a stroke and needs some additional care and supervision during the recuperation process, a temporary placement at a day center may help. If your parent is not safe at home, needs some medical supervision or could benefit from interaction with others to combat depression, you may want to look at a day center.

Q: I am concerned about my mom. Ever since my father died, she has stopped attending functions. She stays in the house most of the time and she seems to be losing weight. What can I do?

A good starting place is to encourage your mother to see her doctor. If she schedules an appointment, see if you can accompany her with her permission. Talk to your mother, see if she has concerns, talk about your concerns, and encourage her to share any concerns with her doctor and/or ask her if it would be okay to do so yourself for her. Another option is to have your mother evaluated by a nurse through the Adult Evaluation and Review Service (AERS) a program through the Frederick County Health Department. They can be reached at 301-600-1736. For additional information and resources contact the Frederick County Department of Aging at 301-600-1605.

Q: How do I pay for in-home care?

Medicare, private insurance and long-term care insurance policies cover skilled care provided in the home. Some examples of skilled care include intravenous injections, speech therapy and physical therapy. These can be covered but usually only for a limited period of time. Personal care (non-skilled care) may be covered in limited cases by a person's long-term care insurance, but is usually paid for on a private pay basis. Some examples of personal care include dressing, bathing, cooking, and light housekeeping.

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What Assistance Does My Loved One Need?

BY MELANIE BRYAN, *Guardianship Coordinator, Frederick County Department of Aging*

It is very important to know what your limits are emotionally, physically, and mentally when caring for a loved one. It is also important to know that it is okay to look at alternative support options to assist you with caring for a loved one.

When you have determined you can no longer care for your loved one alone there are other resources available. Options include additional in-home assistance, assisted living or nursing home care. The caregiver should have some legal documentation, medical and financial Power of Attorney, in order to assess the needs and decide which type of care would be most appropriate. The Power of Attorney assures access to your loved one's medical and financial affairs.

Additional services are as follows:

ADULT DAY CARE

- This service is a structured environment that focuses

on stimulating activities for cognitively, emotionally, and physically impaired older adults in a medically supervised and safe setting. Clients can attend 1-5 days per week.

IN-HOME SERVICES/ RESPITE CARE

- These agencies are licensed, bonded and insured to ensure the safety and well-being of the client since they are providing care in a person's home. They provide a variety of services to assist with the activities of daily living. These agencies also provide respite (short-term) care.

ASSISTED LIVING*/ RESPITE CARE

The levels of care at assisted living facilities are as follows:

- Level 1-low
- Level 2-moderate
- Level 3-heavy
- Assisted living care is paid for privately or through long-term care insurance.

NURSING HOME*

The levels of care at nursing homes are as follows:

- Alzheimer's care
- Comprehensive care
- Rehabilitation/skilled care

*The cost of these services is based on client need and services provided.

ASSESSING NEED

When trying to establish an idea of what services a person needs the first call should be to consult with the physician to discuss medical concerns. Then call the local Adult Evaluation and Review Service (AERS) so they can schedule an appointment to evaluate the senior in their home environment. A nurse from AERS will conduct a comprehensive evaluation to identify services available to help the individual remain in the community. AERS suggestions for services may include: respite, in-home care, and adult day care.

If the physician suggests assisted living or long-term care placement then a person needs to have a determined

level of care to go into a facility. The level of care will determine the cost of services a client receives in a facility setting.

LOCATING FACILITIES

Once the medical need is determined, the Department of Aging can provide information and direction for choosing and researching assisted living or long-term care facilities. Some things to consider:

- What type of care is necessary based on the diagnosis?
- What are you as the caregiver looking for in the care of your loved one?
- Location of the facility, distance of facility to the family, meeting medical needs.
- A good resource is www.medicare.gov, which provides the rating of long-term care facilities. In the facility, the latest survey report is available from the most recent monitoring by the State. The client's physician should also make suggestions as to what he or she feels is appropriate care for the client.

THE FINANCIAL PIECE

Once the facility has been selected, it is time to think about how the client's care will be paid for and if there are personal resources that will assist with the cost of care. If the client has personal finances, contact an attorney,



who specializes in elder law. The lawyer can assist you with being able to access funds to provide care as long as possible without having the financial burden assumed by the caregiver or the family. If the client has no personal finances or when resources have been depleted, it is then necessary to make application for government programs to assist with paying the client's cost of care to continue services. Keep in mind that long-term care insurance can provide some coverage for all services but each policy differs with coverage plans. Gather information ahead of time on these policies in order to know when more coverage will be needed.

Long-term care (nursing home care) Medicaid is what most people apply for when their finances have been depleted or they are not able

to pay for long-term care. The long-term care application is completed through the local Department of Social Services. Application for long-term care is a lengthy process, requiring 5 years of financial records of the client. This is where the Power of Attorney needs to be used in order to obtain financial records for this time period. Penalties are imposed on eligibility if there were any gifting or disposals of monies within the look back time period. Spousal impoverishment protects resources for the community spouse at home to be able to remain financially independent in the community with a portion of protected income and resources/assets. The State will assist in paying a client's cost of care after the client has contributed a portion of their income to the facility.

Grandparents As Parents

BY PAT OWENS, *Director Solutions for Children and Caregivers, Inc., President GrandFamilies of America, Member Coalition to Protect Maryland's Children, Member Generations United, Member Children's Defense Fund*

Most of us would agree that the concept of family taking care of family is the foundation on which America was founded and is nothing new. When a branch on the American family tree becomes weak or breaks, the rest of the tree supports that link. The 2000 Census however alerted the country to what those of us who have become recycled parents already knew: that in record numbers grandparents and relative caregivers of relative children are stepping up to the plate to parent when biological parents cannot or will not parent. The barriers and obstacles, which they encounter while trying to provide permanency and safety to the children in their care, are totally different than past generations faced in the same situation. Many are not only caring for relative children, but their elderly parent(s) as well, making them members of the sandwich generation.

Largely due to the increase in drug abuse in our country there are currently over 7 million children in the 24/7 care of 3.5 million relatives in the United States, and the numbers are increasing daily. There are 129,000 of these children in Maryland and over 4,300 in Frederick County. These caregivers experience difficulties in getting affordable legal representation, emotional blackmail from the biological parent(s), and mental and emotional issues manifested by the children in their care. In addition, these caregivers often are putting off retirement or having to return to work to support these children. They have to refinance their homes, empty their bank accounts for legal representation, and it is not entirely out of the realm of possibility that the federal government will ultimately have to create



an entirely new welfare system for these caregivers.

Fourteen years ago, my daughter gave birth to a son, and came home to our house. From the outset it was apparent that she was not interested in being a full-time parent. I never knew if when I got up in the morning to go to work, whether she would be there to care for Michael. She would often not come home for days at a time. I finally had to secure day care, so that I could continue to work and provide for Michael with peace of mind. As our grandson grew, he experienced a range of developmental problems and learning disabilities. After seeing a series of specialists, he was diagnosed with the affects of Fetal Alcohol Syndrome, and ADHD.

Despite my community involvement, my past experience as a foster parent, and seven years as a member of the board of directors for her county's Department of Social Services, we were never notified that our daughter had given birth to another son. When we got a call from our estranged daughter's doctor asking why the baby had not been brought in for a six-month checkup, we learned the whole story.

Our daughter had given birth to a child who was addicted to cocaine. Even though we lived only ten minutes away from the hospital where he was born, Child Protective Services failed to notify us that the baby had been placed in foster care. To this day I am haunted by the fact that my grandson lay at death's door just minutes away from our house, and we could not be there for him.

Subsequent investigation into court proceedings for our second grandson showed large gaps in what the child welfare agency was supposed to do in terms of a diligent search for potential caretaker relatives and what they actually did. Without an understanding of the court system or the money to hire legal counsel, my husband and I were unable to reverse the adoption. We are still hopeful that future visitation between the two boys will occur.

I am still raising our grandson, now 14 years old, and who is lucky to have 9 other cousins, and numerous aunts and uncles who love him and help care for him, and is thriving. It was necessary to homeschool him after 1st grade in public school due to his special needs, but he excels in his schoolwork, sports, and church activities. Despite the loss of my husband in 2006 I have spent the last decade advocating for better communication between the foster care system and relatives, the need for better legal protection and representation for relatives in the dependency court system, and more comprehensive prevention and treatment services for families who are dealing with the impact of drug and alcohol abuse. When I look back, I was so stupid about the drugs, but I just did not see it and did not even consider it until later.

I need to stress here that stranger foster care has a place in our society. It just needs to be utilized wisely. There is a national shortage of foster care in this country, and GrandFamilies Of America believes in a three step approach to providing safety and permanency for the nation's children. Whenever possible utilize front end services,

i.e., when there is no neglect or abuse, we need to try and keep these biological families together and when this is not possible, then barring abuse/neglect try and reunify these families. Second, placement with family when this is not possible and when biological parents cannot and will not parent. Only when there is no family able and willing to parent these children, should they be placed in stranger foster care. This then uses the population of stranger foster care parents wisely considering the shortage in such homes.

Frederick County is fortunate to have many people working hard on issues affecting relative caregivers of both children and vulnerable adults. Your local Department of Aging has a wonderful staff available to provide referrals to supporting organizations working with relatives raising relatives. The Frederick County Delegation took the lead in support of legislation relating to caregiver issues, and the lead supporter of these initiatives, former Delegate Rick Weldon led the charge for legislation directed at our population with much success. Maryland became the first state in the country to pass legislation making it mandatory to notify family when a child is removed from their biological family. Solutions For Children And Caregivers of Maryland became a national organization called GrandFamilies of America in 2006, connecting the dots for caregivers across the country. We led the charge with our national partners, The Children's Defense Fund, AARP Grandparent Center, Generations United, the Child Welfare League of America, Center For Law And Social Policy (CLASP), and Child Focus, to bring about the passing of the first federal legislation entitled "The Fostering Success And Increasing Adoptions Act." This bill does many things for caregivers of relative children and their families, but the most important component is that now it is federally mandated, that every state in the country must notify relatives before placing children in stranger foster care.

FAQ

Q: What is the difference between an assisted living facility and a nursing home?

An assisted living facility is a residential program for individuals who need help with daily activities, such as personal care, mobility, medications, meal preparation or household chores, but who do not require skilled nursing care. Assisted living programs strive to create a home-like setting that promotes independence. Nursing homes, on the other hand, are designed for people who need daily nursing care. These facilities have nursing staff available 24 hours a day, and have a range of services (social work, occupational and physical therapies, etc.) to meet the residents' health care needs.

Q: What is the average cost for an assisted living facility?

The cost varies from about \$1,000 to \$6,000 per month, depending on the facility's physical features, size, location and the services provided.

Q: How do I get my parents admitted to an assisted living facility?

First, choose the facility that is right for your parents. Carefully read the Resident Agreement, the contract that lists all the services that will be provided, the fees and the responsibilities of all parties. Make sure you understand what services are provided and all of the fees that may be charged. Ask their physician to complete a physical assessment form and submit it to the assisted living facility you have chosen. Make sure the facility is licensed for the level of care your parents need. Once these steps are taken, all the documents are signed and any initial fees are paid, your parents may move in when there is a vacancy.

Q: What happens if my mom's condition changes and she needs more care than she did when she was admitted?

If your mother is assessed as Level 1 when she is admitted to the facility, she can continue to live there when her health declines as long as her care needs are not greater than the highest level of care for which the facility is licensed. If, however, your Mom needs Level 3 but the facility is only licensed for Level 2, she would need to move to an assisted living facility that is licensed at Level 3, or possibly transfer to a nursing home. In some cases, the facility may choose to apply to the state for a waiver so that your mother could stay in the facility.

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▶ 10 Tips For Caregivers

1. Caregiving is a hard job and time away from your loved one is an earned right. **Reward yourself** with breaks often.
2. Watch out for signs of depression, and seek professional help when you need it.
3. When people offer to help, accept the offer and suggest specific things they can do.
4. Educate yourself about your loved one's condition.
5. Breathe! Take long, slow, deep breaths. Breathing deeply releases stress.
6. Stay in touch with friends to get the emotional support you need for a healthy outlook.
7. Take care of your body. Exercise and eat right.
8. Recognize the limits of your own endurance and strength.
9. Seek support from other caregivers. Attend a support group.
10. Take pride in the valuable work you do and know that you are helping your loved one.

▶ Signs that Spousal Caregiving May Be Becoming Too Risky for You

- Missing or delaying your own doctor appointments, ignoring your own health problems.
- Not eating a healthy diet or exercising for lack of time.
- Overusing tobacco and alcohol when you feel stressed.
- Losing sleep and loss of energy.
- Losing connections with friends for lack of time to socialize.
- Bottling up feelings of anger and frustration, feeling sad, depressed or hopeless.
- Lacking interest in things that used to give you (and your spouse) pleasure.

HELPFUL RESOURCES

AARP

601 E. Street, NW
Washington, DC 20049
888-687-2277
www.aarp.org

Children of Aging Parents (CAPS)

P.O. Box 167
Richboro, PA 18954
800-227-7294
www.caps4caregivers.org

Eldercare Locator

National Association of Area Agencies on Aging
927 15th Street, NW, 6th Floor
Washington, DC 20005
800-677-1116
www.n4a.org
www.eldercare.gov

Frederick County Department of Aging

1440 Taney Avenue
Frederick, Maryland 21702
301-600-1605
<http://www.frederickcountymd.gov/doa>

Grandfamilies of America

6525 Fish Hatchery Road
Thurmont, MD 21788
301-898-8023
1-866-203-8926, ext. 8103
www.grandfamiliesofamerica.org

National Alliance for Caregiving

4720 Montgomery Lane, 5th Floor
Bethesda, MD 20814
www.caregiving.org

CAREGIVER SPECIFIC WEBSITES

Caregiving.com

www.caregiving.com

Elder Care Online

www.ec-online.net

Alzheimer's Association

www.alz.org

Caring Today Magazine

www.caringtoday.com

www.caregiverstress.com
www.sharethecare.org
www.wellspouse.org
www.benefitscheckup.org
[www.aarp.org/families/
grandparents](http://www.aarp.org/families/grandparents)
www.familycaregiving101.org
www.strengthforcaring.com
www.thefamilycaregiver.org

GLOSSARY

OF MOST COMMONLY USED TERMS

A glossary has been included to help you further understand not only specific words and terminology used in this booklet, but also terms currently used, across the country, in the discussion of aging and related issues.

Activities of daily living (ADLs):

Tasks necessary for daily life, including bathing, dressing, eating, toileting, transferring, and mobility.

Adult day services:

A day center that offers health-related and rehabilitative services, social involvement, and activities to meet the needs of the physically and/or mentally impaired elderly on a daily, weekly, or part-time basis.

Adult Evaluation and Review Service (AERS):

A nursing and psychosocial assessment completed by a nurse for individuals 60 years and older who are experiencing problems in daily living or are at risk of admission to a nursing home.

Adult Protective Services (APS):

A program through the Department of Social Services that investigates reports of suspected abuse, neglect, self-neglect,

or exploitation of any vulnerable adult 18 years of age and older. Services are offered and provided to the adult and their family.

Assisted living facilities:

Residential facilities for those who need help with activities of daily living (see ADLs) within an environment that helps the person remain as independent as possible. Usually does not include any level of nursing care.

Caregiver support group:

Group led by a professional and/or volunteer that allows family caregivers to meet in a supportive atmosphere to express their feelings, share coping skills, and learn about aging issues and resources for help.

Continuing care retirement community (CCRC):

Also known as a CCC, continuing care community or life-care community. Residences that offer care to individuals and couples for the remainder of their lives. Most require an entrance fee plus a monthly maintenance charge.

Custodial care: Help and supervision with daily living activities – dressing, eating, personal hygiene, and similar functions.

Dementia: A clinical term used to describe a group of brain disorders that disrupt and impair cognitive functions (thinking, memory, judgment, personality, mood, and social functioning).

Discharge planner:

The professional staff member of a hospital or nursing home who develops a plan for the future care of a patient prior to discharge.

Durable power of attorney:

A power of attorney that is valid and enforceable only when the principal has been declared incompetent or incapable.

Durable medical and/or financial power of attorney:

A legal document which names a person who will make health care decisions and/or financial decisions for the principal if that individual becomes incompetent or unable to express wishes for himself or herself.

Elder law attorney:

An attorney who specializes in the laws that deal with the rights and issues of the health, finances, and well-being of the elderly and the power of other individuals and the government to control them.

Geriatric assessment:

An evaluation of an older person's physical, psychological, and social condition by a professional team of specialists. This team makes recommendations to the older person, family, and primary care doctor. Geriatric assessments are offered in geriatric evaluation centers and are generally associated with hospitals.

Guardian: An individual appointed by a court of law to manage a person's financial and/or personal affairs because the court has found that the person is not competent to manage his or her own affairs. A conservator is similarly appointed, but only for financial affairs.

Home health agency:

A public or private organization with a staff of skilled nurses, homemakers, home health aides, and therapists that provide nursing, rehabilitative, and homemaking services to homebound patients with chronic or temporarily debilitating conditions or to individuals recovering from major medical treatment.

Instrumental activities of daily living (IADLs):

Tasks over and above

ADLs necessary for everyday living, such as grocery shopping, bill paying, transportation to doctors' appointments, etc.

Kinship Care: Term used to describe grandparents or other kin who provide the primary care to a child under the age of 18 due to lack of care given by the biological parent.

Living will: A legal expression of an individual's wishes about future medical treatment to be used at a time when they have become incompetent or cannot communicate due to illness.

Long-term care: A general term that describes a range of medical, nursing, custodial, social, and community services designed to help people with chronic physical or mental impairments.

Long-term care insurance: Insurance policies issued by private companies to defray the costs of long-term care in nursing facilities as well as home and community-based services.

Medicaid: The health insurance program financed by the federal and state governments for eligible low-income people 65 and older. Needy older people can have their Medicare deductibles and co-payments paid by Medicaid. Medicaid may

also pay for nursing home care if the individual's income and assets are within certain limits.

Medical directive: Also called a living will, advance medical directive, and health care proxy. This legal document enables an individual to give instructions about future medical care, in the event they have become incompetent or are unable to speak for themselves due to illness.

Medicare: The national health insurance program for eligible people 65 and older and some disabled individuals. Part A covers hospital costs. Part B covers doctor bills and other medical costs. Part D covers prescription drugs. Patients must pay deductibles and co-payments, and make up any expenses not covered by Medicare.

Medigap insurance: Private health insurance policies intended to cover medical costs not fully covered by Medicare. Also known as supplemental insurance.

Nursing home: A licensed nursing facility that provides a full range of care and medical services to those recovering from hospitalization or suffering from chronic illness, dementia, or other factors that make

it impossible for them to live at home.

Occupational therapist (OT): A licensed professional therapist who helps a person relearn activities of daily living (ADLs) through rehabilitation and modifications and devices for the home environment to help the person function more independently.

Ombudsman services: Programs that advocate for and protect the rights of residents in long-term care facilities by investigating complaints, mediating and resolving disputes, and initiating corrective actions.

Personal emergency response system (PERS): Equipment that monitors the safety of older people in their homes through signals electronically transmitted over the telephone and received at an emergency monitoring center.

Physical therapist (PT): A licensed professional who treats impaired motion or disease through exercise, massage, hydrotherapy, or mechanical devices to improve physical mobility.

Power of attorney: basically a written text where you allow someone else the ability to make certain choices when you're not available.

Primary care physician: The doctor who is consulted first when a health problem occurs and on whom the patient relies for advice, referrals, and ongoing care.

Respite care: A service that provides temporary care for an older person. The purpose of the care is to allow the family caregiver some short-term relief from their day-to-day responsibilities. Respite care may be provide outside the home.

Senior centers: Neighborhood or community centers that offer a range of services and social, health, nutritional, educational, and recreational activities. Senior centers are for the healthy older adult.

Skilled nursing facility (SNF): A licensed facility that provides 24-hour medical services by registered nurses, licensed practical nurses, and nurses aides for seriously ill or severely disturbed people who do not require hospitalization.

Will: A legal document that sets forth a person's wishes for disposing of assets after death.

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